

JOINT COACHING PROGRAM
COURSE REGISTRATION FORM

DATE _____ MALE _____ FEMALE _____

(Fill in all information. Please Type or Print Clearly.)

NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

PHONE (_____) _____ DATE OF BIRTH _____

LEAGUE/CLUB AFFILIATION _____

OCCUPATION _____

PLAYING EXPERIENCE _____ COACHING EXPERIENCE _____

METHOD OF PAYMENT:

_____ VYSA JCP CREDITS* _____ CHECK/MONEY ORDER _____ CASH

***VYSA JCP TRAINING AND DEVELOPMENT CREDIT AUTHORIZATION**

I authorize training and development account credits of the VYSA affiliate listed below to be used to pay the fee for this course for this student coach.

PERSON AUTHORIZING USE OF CREDITS CLUB/LEAGUE

SIGNATURE AFFILIATE OFFICE HELD DATE

Being fully cognizant of the physical requirements of the Joint Coaching Program, I am physically able to participate and hold the JCP, VYSA, USYSA, and USSF, their coaching staff and each of their administrators, heirs, executors, successors, and assignors harmless for any injury or medical problem that might happen to me. I assume the risk of injury or medical problem, and I release and waive any claim that might be made by me or my heirs upon the aforesaid.

SIGNATURE

IN CASE OF EMERGENCY, CONTACT _____ PHONE (_____) _____

Note: The VYSA Accidental Medical and Liability Insurance does not cover candidates participating in JCP activities.

_____ :PASSED _____ :FAILED

INSTRUCTOR'S NAME INSTRUCTOR'S SIGNATURE